



Your care in the best place

At home, in your community and in our hospitals

**Supplementary information for discussion and feedback
during public consultation from 30 November 2017 to 9 March
2018**

Background information to proposals for consultation

About this document

We are currently consulting on some proposed changes to the way in which hospital services are organised. This is one element of the wider plan that has been developed for health and care in mid and south Essex.

The consultation document and the feedback questionnaire are available at:
www.nhsmidandsouthessex.co.uk

In this supporting document, we set out more detail on three aspects of our plans and how we developed them:

- An overview of the plans of each of the five Clinical Commissioning Groups (CCGs) in mid and south Essex to strengthen GP practices and other important out of hospital services
- How the proposed changes to hospital services that we are currently consulting on have been developed by clinical leaders
- Some further background information that is relevant to the proposed hospital changes, such as the number of people we estimate will be affected and likely travel times

1. Your care in the best place – at home and in your community

There are five clinical commissioning groups (CCGs) in mid and south Essex who plan and buy most health services to meet the needs of people in their local area.

Because every area is different, each CCG has their own tailored approach to making improvements to local services, within the overall plan for mid and south Essex.

In this section, we highlight some of the developments either planned or underway in each CCG to help you and your family. More details are available on each CCG's website – the links to each of these are below.

Basildon and Brentwood CCG

Current population estimate:	275,000
Number of GP practices	41
Local authority partners:	Essex County Council (provides social care) Basildon Council Brentwood Borough Council
Current annual budget	£340 million for community, mental health, ambulance, hospital services, continuing healthcare and prescribed medicines.

Creating local networks of joined up services

GPs and community services in Basildon and Brentwood are developing services in five neighbourhoods - *Brentwood, Billericay, Wickford, East Basildon, West Basildon*

In each neighbourhood, the different services are joining together to improve care in two main ways:

1. Team work between professionals for people who have long term and complex health and care needs, and need regular and continuing support
2. Partnerships between services and between practices to give you and your family a quicker and better service when you need it

Extending the range of your local services

- GPs, community nurses, therapists, social workers and mental health specialists working together and based at your local GP practice
- New and extended roles for pharmacists, nurse practitioners and physician assistants who are specially trained to take on some of the services that your GP provides currently.
- People trained to give personal support, advice and reassurance that can sometimes help you more than the traditional, short medical consultation.
- Moving some hospital tests and outpatient appointments into each of our neighbourhoods so that you have more choice and access is easier
- In 2018/19, everyone in Basildon and Brentwood will be able to make an appointment at a local surgery between 6.30 and 8pm on weekdays, for at least six hours on a Saturday and four hours on a Sunday.

Examples of current progress

Social prescribing and “care navigators”

Between February 2016 and July 2017, the CCG ran a pilot scheme to help patients and their carers get the support they needed, whether from different parts of the NHS, voluntary services or different local authorities providing social care and housing. We called the scheme the “Social Prescribing Service”.

The pilot involved three GP practices and the Social Prescribing Service was provided by a partnership between Basildon, Billericay and Wickford CVS, Essex County Council’s Community Agents and Provide, a not-for-profit provider of community services.

444 patients got help from the Social Prescribing Service, ranging from social care and social opportunities to help to get back to work after a long period of unemployment to financial advice, all of which had an important positive impact on their health and wellbeing.

We are now extending this scheme to all of our GP practices so everyone can get help from a “care navigator” if they need to get help with housing, finance, lifestyle advice and community activities.

Better care for frail people

Providers of community health services have allocated staff to teams in each of our GP practices. The aim is to work with people who are living with frailty to set a personal care plan and build up the relationship between patient and professionals, to get the right support in place and avoid serious illness. Local patient representatives are helping to design the care plan, so that it can work for everyone involved.

Better care for end of life

We have developed a scheme with St Luke’s Hospice in Basildon, which we’ve called “*One Response*” because it gives people who may be approaching the end of their life a single point of contact to get all the health and social care support they need to die at home or in a place of their choosing.

One Response operates 24 hours a day, seven days a week to provide help to both professionals and families, including going out to visit a family within a few days or within two hours if necessary. Sometimes the service brings in nursing expertise, help to get a special piece of equipment and sometimes it simply provides advice and support. It includes clinical nurse specialists, palliative care nurses and care assistants.

Following the success on One Response in Basildon and Brentwood, our colleagues in Mid Essex CCG are also introducing a similar scheme.

More information is available at www.basildonandbrentwoodccg.nhs.uk/

Castle Point and Rochford CCG

Current population estimate:	182,000
Number of GP practices	25
Local authority partners:	Essex County Council (provides social care) Rochford District Council Castle Point Borough Council
Current annual budget	£254 million for community, mental health, ambulance, hospital services, continuing healthcare and prescribed medicines.

Creating local networks of joined up services

We want to see better collaboration between GP practices within defined localities so that we can offer a more flexible and responsive service to patients, as well as reduce duplication. We are developing four localities: in (a) Canvey Island; (b) Benfleet/Hadleigh/Thundersley; (c) Rayleigh, and; (d) Rochford. Each locality has population of 40,000 – 45,000.

Over the next few years, you will see joined up GP services, community services, pharmacy, social care and voluntary services. In some places this could be in a single health centre (a 'hub'), whilst other localities may have several centres.

Extending the range of your local services

- GPs, community nurses, therapists, social workers and mental health specialists working together at your local GP surgery, within our localities will create more time for your GP consultation when you need it
- New and extended roles for pharmacists, advance nurse practitioners, physiotherapists based at your GP surgery, that can help to manage long term conditions and home visiting services
- GP partnerships will be able to extend opening hours and offer appointments at evenings, weekends and on bank holidays. In 2016/17, we added a further 8,270 GP and nurse appointments from two weekend centres, one in Rayleigh and one on Canvey Island

- Moving some hospital tests and outpatient appointments into our localities, for example, for skin problems, stroke recovery, pain control

Examples of current progress

Neighbourhood Integrated Teams

Our new Neighbourhood Teams operate within localities and involve community nurses, mental health specialists, voluntary services, social services, community agents and carers' support. Each locality has weekly meeting to discuss our most vulnerable and ensure they is a plan of care in place. The Neighbourhood Teams are currently holding local events to share information about all the services that are available to help keep local people independent and well.

Care Co-ordination service for people living with frailty

For the last year, we have been developing teams in each of our four localities, where a range of professionals work together to: (a) find our most vulnerable frail patients; (b) assess them, and; agree a care plan for each person.

Everyone has a named 'care co-coordinator' that they can contact as required. This team also includes a GP with an interest in managing frailty, pharmacists, an Age UK representative and a locality social worker.

Better access to mental health care

We have invested in therapy services so that each of our four localities will have mental health services that are more easily available in a GP surgery near you. Physical and mental health problems are often connected, particularly for people who are frail or that suffer from a long-term condition like diabetes. By bringing physical and mental health expertise together we expect to help more people to stay well and avoid having to go into hospital.

For those times when people need the services that only a hospital can provide, we have increased the funding for mental health specialists working in hospital wards and A&E.

More information is available at www.castlepointandrochfordccg.nhs.uk/

Mid Essex CCG

Current population estimate:	387,000
Number of GP practices	45
Local authority partners:	Essex County Council (provides social care) Braintree District Council Chelmsford City Council Maldon District Council
Current annual budget	£443 million for community, mental health, ambulance, hospital services, continuing healthcare and prescribed medicines.

Working together to enable residents in mid-Essex to enjoy a healthy, safe and fulfilling life

The mid Essex CCG Live Well programme has been progressing now for two years. This document confirms what Live Well means to you, the citizens of mid Essex. It breaks down our clear commitments to you, and gives firm timescales for achievement. It is a contract if you will between the local health and care system of mid Essex and its citizens.

What does Live Well mean for me?

Through our ongoing conversations with our public, we understand that people want high quality emergency and hospital services if the need arises. However, we know that the vast majority of healthcare, over 90% in fact, takes place outside of a hospital setting. The lion's share of this is either delivered by, or coordinated by, your General Practice. Our public have told us that General Practice is the foundation of high quality community based healthcare. Our General Practices are fixed points that our public trust and know how to access. However, you will know from experience that General Practices are under pressure. You might not always be able to get an appointment when you want it or you might find it hard to get through on the phone. Our Live well foundations programme aims to relieve some of the pressure on General Practice resulting in real concrete improvements for our public. Following the successful implementation of Live Well foundations you should find that:

- It is easier to book an appointment at your General Practice with more appointments available and wide range of times to book, including weekends for some practices.

- You will have access to a wider range of clinicians within General Practice. For example, if you have a bad knee you will be able book an appointment with an expert physiotherapist.
- You will have online access to your practice. In its most basic form this might mean you can arrange your appointments online like many restaurants and hairdressers now offer. However, as the technology evolves you may find for some conditions you can interact with your Doctor or health professional online.
- In freeing up the time of our GPs, those patients that need it will find that they can have longer appointments with their Doctor. This means the Doctor can really get to grips with managing the more complex conditions affecting some of our population.
- Finally, our practices won't just be places to go when you are ill. You will start to see that some practices become places to go to access a wider range of services within our communities. These might be lifestyle related, like fitness classes, stop smoking support or dietary advice, or other services such as counselling, carers support or help following bereavement.

Our public have told us that strengthening the foundations of General Practice is essential in helping them to Live well.

How are you going to do all this? Aren't we short on GPs?

You've probably read in the papers that there aren't enough GPs? It's true that GPs are in short supply but we are able to recruit some into mid Essex, including helping some from overseas meet our high UK standards. Even with these additional GPs, we know we still need to do more to help our practices. We know there are other means to ease the pressure on our General Practices. We are aiming to recruit over 80 other professionals into our practices over the next two years to assist our GPs in managing the health of their populations. These professionals might be nurses, physiotherapists, paramedics, pharmacists and others but they will all have one thing in common. They will all be highly trained and capable of assisting our GPs in managing the health of our population. In doing this they will give our GPs the time they need to spend with the most unwell people in our communities.

In addition, over the next two years, we are planning on ensuring that every practice in mid Essex has a highly specialised nurse capable of prescribing medications independently and managing a range of complex medical conditions to help our GPs keep you well.

We can help in other ways too. We are planning on investing in different technologies within General Practice to ensure our practices can carry out their work as efficiently as possible. We are improving communication between our practices and other services such as hospitals and social services. In doing this we can ease the administrative burden on our practices freeing up their time for patient care.

And finally, we will connect our practices to you online. By allowing those of you who choose to, to manage more of your healthcare online, we can free up more time for our practice staff to provide care. If you are not a fan of online or smart phones, not to worry, the tried and tested ways of communication will still be there.

That sounds great but isn't my practice busting at the seams?

It is true that not all of our General Practices have a lot of space available. However, a number of practices do have free space and many have an excess of space into the evenings and at weekends. Our practices are starting to work together to understand exactly how much space is available and it is likely that you will see many practices starting to offer appointments outside of traditional hours and into the weekends. In some cases, you may find that whilst you are registered with one practice, you are offered an appointment at a convenient time in a practice nearby. This is just one way our practices can maximise the space available to them.

However, in some cases, there is simply too little space available for a given population. Plans are already in place to create new General Practice facilities in several of our communities. South Woodham Ferrers, Maldon, Heybridge, Witham, Braintree and Chelmsford will all see new General Practice premises built within the next 5 years. This space will be modern and state of the art allowing these practices to become hubs in the heart of our communities. These modern hubs will provide an even stronger foundation for General Practices to care for their populations. Many of these hubs will offer additional services such as diagnostic tests like X-rays, outpatient appointments with hospital Doctors and several other services.

What about other local services like District Nursing?

We have plans in place to improve several other community services, including district nursing. However, we know that all these services are dependent upon the strong foundation of general practice described above. We have plans to improve services in each of the five domains of our Live Well wheel and these are described briefly below:

Start Well

We firmly believe our children should have a healthy start to life. We are planning on continuing our work with local schools on childhood health. Our ambition is to offer all schools in mid Essex the opportunity to hold one of our childhood health workshops to ensure that our children, our parents and our teachers know what it takes to give a child a healthy start in life and how to effectively manage common childhood illnesses and injuries.

Be Well

Even with the foundations in place to deliver excellent services in our General Practices we know some of our population will become sick or unwell, or

experience an accident or emergency. We want to make sure that the services required for those who are sick or injured are the best they can be.

We want to improve our local cancer pathways to ensure everyone can be seen by a cancer specialist within 2 weeks of seeing a GP, and that those who need treatment start it within a month of diagnosis.

Similarly, we want to eliminate long waits for our emergency services including ambulances and at A&E.

Thankfully, very few people will ever need to use these type of services and for those who are fit and healthy we want to keep them that way. By ensuring the General Practice hubs described earlier have a range of healthy living services available to them, we can connect our population to the right services to ensure they can remain fit and healthy and live well.

Stay Well

Some of our population already have a long-term health condition. This might be a physical health problem like diabetes or arthritis, or a mental health problem like anxiety or depression. Either way, we want to support people with long-term conditions to stay well. Our General Practice hubs will be the first port of call for all forms of support but we want to go a little bit further where we can. There is increasing medical evidence that some patients with long-term physical or mental health problems can benefit from using technology. By prescribing appropriate apps certain patients can improve the way they manage their own long-term condition without having to leave their own home. We have already started using the myCOPD app to support some patients with COPD and a number of our population with a mild mental health problem use the Big White Wall website as a means of ongoing peer support.

Age well

We have a growing population of older frail individuals in mid Essex and this population need additional support to Age well. Once again, our general practices will be the centre of a patient's care. However, we are starting a number of additional services to give more support to our older population.

We have recently started a Dementia Intensive Support Service. This service provides joined up physical and mental health support, along with social care support for those people living with dementia in mid Essex. The service is already available and accessible via General Practice.

In addition, we have recently launched our Home First initiative designed to ensure anyone from mid Essex spends the least amount of time necessary in a hospital bed. Medical evidence demonstrates that people recover more quickly and more effectively in their own home. This is true for both physical and mental recovery. The Home First service provides people with the same care they would receive in a hospital bed within their own home, giving them the best chance of a good recovery.

Die Well

We still firmly believe that everyone in mid Essex should experience a dignified death in a place of their choosing. We have a new support service provided in partnership with Farleigh Hospice to ensure that patients and clinicians can access timely advice to support people to Die well. We have increased the capacity of our palliative support services to ensure that all patients who wish to die at home are given the care and support they need to enable them to do so.

More information is available at www.midessexccg.nhs.uk/

Southend CCG

Current population estimate:	179,000
Number of GP practices	30
Local authority partners:	Southend-on-Sea Borough Council (provides social care and housing)
Current annual budget	£243m million for community, mental health, ambulance, hospital services, continuing healthcare and prescribed medicines.

Extending the range of your local services

- GPs, community nurses, therapists, social workers and mental health specialists working together at your local GP surgery, within our localities will create more time for your GP consultation when you need it
- New and extended roles for pharmacists, advance nurse practitioners, physiotherapists based at your GP surgery, that can help to manage long term conditions and home visiting services
- GP partnerships will be able to extend opening hours and offer appointments at evenings, weekends and on bank holidays. In 2016/17, we added a further 8,270 GP and nurse appointments from two weekend centres, one in Rayleigh and one on Canvey Island
- Moving some hospital tests and outpatient appointments into each of our localities, for example, for skin problems, stroke recovery, pain control

Creating local networks of joined up services

We want to see better collaboration between GP practices within defined neighbourhoods so that we can offer a more flexible and responsive service to patients, as well as reduce duplication. We are developing four localities: in (a) West, (b) West Central (c) East Central (d) East Southend.

Each locality has population of more than 30,000.

Over the next few years, you will see joined up GP services, community services pharmacy, social care and voluntary services. In some places this could be in a single health centre (a 'hub'), whilst other localities may have several centres.

Extending the range of your local services

- GPs, community nurses, therapists, social workers and mental health specialists working together at your local GP surgery, in order to create more time for your GP consultation when you need it
- New and extended roles for pharmacists, advance nurse practitioners, physiotherapists based at your GP surgery, that can help to manage long term conditions and home visiting services
- GP partnerships will be able to extend opening hours and offer appointments at evenings, weekends and on bank holidays. In 2017/18, we are offering additional GP and nurse appointments from two weekend centres, one in Shoebury and one in central Southend
- Moving some hospital tests and outpatient appointments into each of our localities, for example, for skin problems, stroke recovery, pain control

Examples of current progress

Care co-ordination service for people living with frailty

Each locality now has a team designed that:

- works with GPs to find our most vulnerable frail patients
- assesses and develops a personalised plan of care
- manages those the care of people that are considered to be at high risk of developing serious illness

We now have the ability to identify people with severe and moderate frailty and make sure with our Care Coordination service that these people are getting the care they need.

Better access to mental health care

Southend is part of an Essex-wide partnership to develop local services in a way that will make a real difference to the lives of children, young people and adults with a learning disability and/or autism who display challenging behaviour, including those with a mental health condition. Our plans aim to improve community services so people can live near their family and friends, with the right staff in place to support them.

Over the next five years we are also working on:

- More support to help manage conditions like dementia, which would help you to improve your quality of life and stay independent for as long as possible
- Better care for people with long term conditions, such as diabetes, heart disease and other health risks. This means understanding mental and physical issues, as well as health and social needs. Local teams would know patients and be ready to act quickly to prevent problems
- More services locally, including online and telephone help linked to services and specialist teams that can act quickly, without the need for an ambulance journey to hospital

More information can be found at www.southendccg.nhs.uk/

Thurrock CCG

Current population estimate:	172,000
Number of GP practices	31
Local authority partners:	Thurrock Council (provides social care and housing)
Current annual budget	£206 million for community, mental health, ambulance, hospital services, continuing healthcare and prescribed medicines.

For Thurrock In Thurrock **Creating local networks of joined up services**

Thurrock CCG and Thurrock Council are working closely together and with other partners to transform services for you and your family.

We have listened to local views and already made progress with:

- Joining up health and social care
- Designing health and care around you and your family, rather than based on buildings
- Bringing services closer to you, including intermediate care beds being brought back into Thurrock

Extending the range of your local services

In the next few years, your local services will come together so that you have just one place to call, whether in person, by phone or online.

Improving access to GP services

One of the biggest challenges for Thurrock is to improve GP services. In 2015, only two practices were rated “Good” by the Care Quality Commission. In 2017, this increased to 22 practices rated “Good” and we will continue to improve.

Increasingly, you will see a wider team of healthcare professionals at your GP practice, such as:

- Clinical Pharmacists – able to carry out medicines reviews
- Emergency care practitioner – carrying out triage and home visits
- Physician’s assistants – supporting GPs in diagnosing
- Physiotherapists
- Social prescribing navigators – that provide support to patients whose ill health could be affected by other matters, including abuse or debt problems.
- Mental health therapists for people with long-term health conditions

We are also piloting schemes such as **e-consult**, where patients can get answers to their queries online or request a reply from their GP within 48 hours.

Four new centres planned

Four new Integrated Medical Centres planned

Plans are underway to develop four new *Integrated Medical Centres*. There will be three new buildings in Tilbury, Purfleet and Corringham, and a further centre will be based in a redevelopment of an existing site at Thurrock Community Hospital in Grays.

There are more details on all the developments in Thurrock via www.thurrock.gov.uk, search “For Thurrock in Thurrock”.

For further information go to www.thurrockccg.nhs.uk/

2. Proposed changes to hospital services – how they were developed

Doctors, nurses and other clinicians from across mid and south Essex have been working together for almost two years to develop options for improving hospital services.

There have been a number of phases to this work, with emerging proposals being shared and widely discussed at every stage. The proposals we are now consulting on are the result of this work.

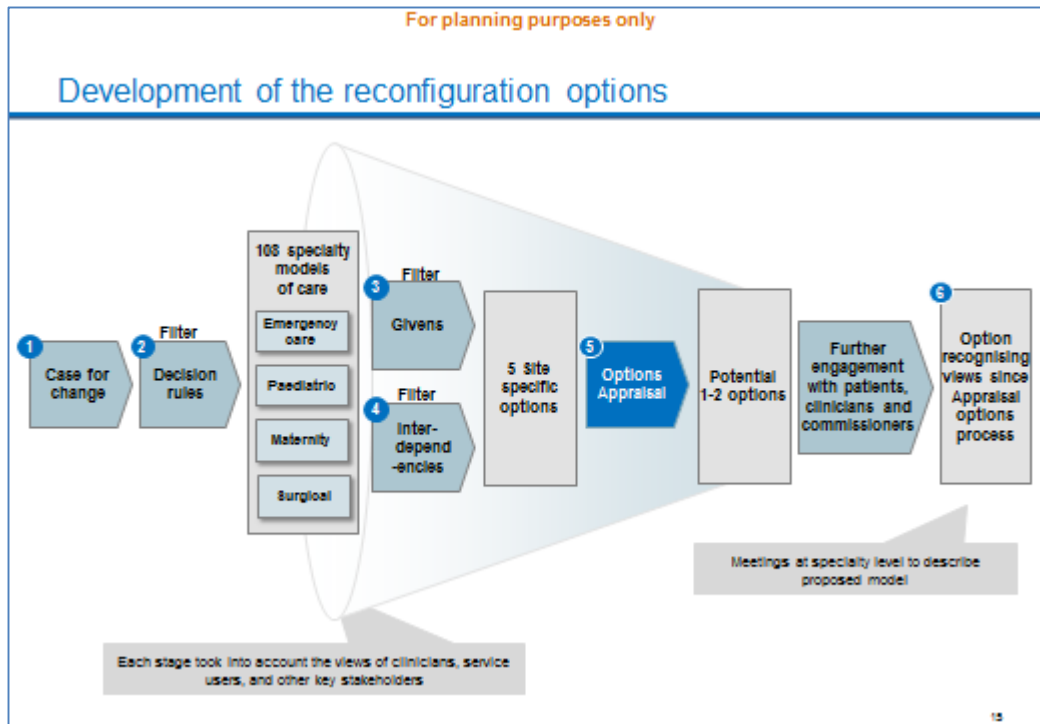
In this section, we set out in more detail how we have developed the proposed changes to hospital services.

Background

In early 2016, the three hospitals in mid and south Essex agreed to begin to work more closely together as part of a 'group'. We saw many potential benefits to this arrangement, including being able to compare how services were provided at each hospital and find ways to improve.

Working together has enabled us to review the way we currently provide services across Broomfield, Southend and Basildon Hospitals, and whether there may be advantages for patients by consolidating some services on one or two sites.

This work, which has been led by local doctors and other clinicians, went through several phases, as set out below:



The early stages – ‘decision rules’ (March to May 2016)

We started by listening to patients at an event called “In Your Shoes”. Around 20 doctors and nurses met 20 patients to listen to their stories of using our hospital services.

These early discussions with local people fed into the design of some ‘decision rules’ that clinicians agreed should guide the development of any proposals for changing services.

Reconfiguration	Redesign
<p>1 The needs of the patient come first</p>	<p>1 Design along pathways: any service that can be delivered more efficiently and effectively out of hospital, should move</p>
<p>2 Only do it (i.e. implement a new care model) if it is safe</p>	<p>2 All changes should be implemented with measures that allow their impact to be assessed objectively</p>
<p>3 Ensure if there is no rationale for service change, then it should not change</p>	<p>3 Apply common standards at all sites: measure to ensure the same processes and outcomes</p>
<p>4 Deliver in two years: maintain "givens" (high-cost fixed services), no major new builds, use existing infrastructure with refits</p>	<p>4 All designs / pathways should focus on creating simplicity for patients and referring doctors</p>
<p>5 Split elective and non elective work</p>	<p>5 All staff should be working to the top of their skill set – don't use a doctor where an allied health professional can do it</p>
<p>6 Consolidate services where the increased volume will improve outcomes</p>	<p>6 Don't make staff / patients travel when there's a technological solution e.g. telemedicine; remote monitoring; community access to specialist advice</p>
<p>7 The local site should be gateway to all hospital services: Maintain core local services, and links to all sites</p>	<p>7 Prioritise: initially focus redesign on bigger services / those with lots of interdependencies</p>

Developing options (June to November 2016)

Initially we identified over 100 possible ways of organising services across the three main hospitals. This formed our starting point. We then narrowed this down by considering which services we could not realistically move to a new location (the 'givens'), usually because it would be too expensive to move them. The key services we identified were:

- The cardiothoracic centre and Basildon Hospital
- The burns and plastics unit at Broomfield Hospital, Chelmsford
- The cancer centre at Southend Hospital

We then considered which services would need to be located together. For example, where a hospital is undertaking complex emergency surgery, it needs rapid access to a range of supporting services, such as diagnostics.

By considering these two factors in detail, we gradually narrowed down the potential models for change to five main options. This is a summary of the five options:

	Option	BTUH	MEH	SUH
Model 1	1A	H Essex Cardiovascular Centre MS Essex spec. emergency hospital MS Essex specialist obstetric centre	H Plastics & Burns Centre Emergency centre MS Essex elective surgical hospital MS Essex children's centre	H MS Essex Cancer Centre Emergency centre MS Essex elective surgical hospital
	1B	H Essex Cardiovascular Centre Emergency centre MS Essex elective surgical hospital	H Plastics & Burns Centre MS Essex spec. emergency hospital MS Essex specialist obstetric centre MS Essex children's centre	H MS Essex Cancer Centre Emergency centre MS Essex elective surgical hospital
	1C	H Essex Cardiovascular Centre Emergency centre MS Essex elective surgical hospital	H Plastics & Burns Centre Emergency centre Elective surgical hospital MS Essex children's centre	H MS Essex Cancer Centre MS Essex spec. emergency hospital MS Essex specialist obstetric centre
Model 2	2A	H Essex Cardiovascular Centre MS Essex spec. emergency hospital MS Essex specialist obstetric centre	H Plastics & Burns Centre Emergency centre MS Essex elective surgical hospital MS Essex children's centre	H MS Essex Cancer Centre Local emergency centre MS Essex elective surgical hospital
	2B	H Essex Cardiovascular Centre Emergency centre MS Essex elective surgical hospital	H Plastics & Burns Centre MS Essex spec. emergency hospital MS Essex specialist obstetric centre MS Essex children's centre	H MS Essex Cancer Centre Local emergency centre MS Essex elective surgical hospital

We thought that a 'red' hospital' would focus mainly on providing specialist emergency care for mid and south Essex. In this model a 'yellow' hospital' would focus in providing planned care, while the 'orange' hospital would provide a mix of emergency and planned care.

During this period, we invited local people to take part in six focus groups to highlight the implications of what we were discussing from a patient point of view. Participants identified a number of issues that we took into account in developing the model, such as wanting greater clarity over how access to emergency services might work in the future, and what the implications might be for travel times.

Options appraisal (December 2016 to March 2017)

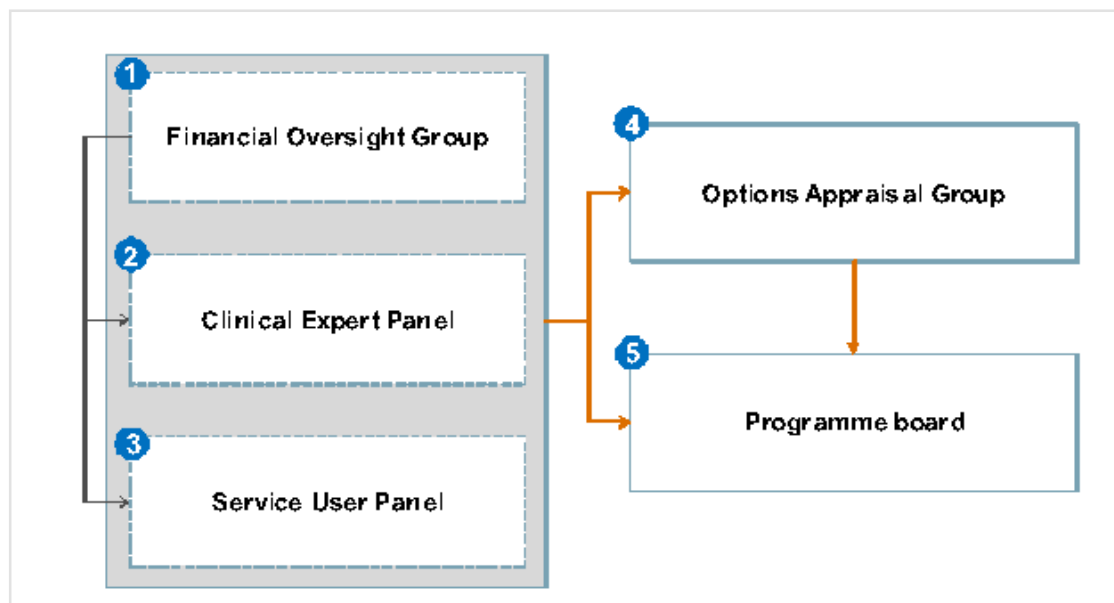
Having identified the five main options and discussed them, and how we should assess them, at a series of public meetings, we then developed an appraisal process to narrow down the options even further.

We discussed and agreed how to do this with local people, clinicians and our partners, and the approach was agreed by our Programme Board in January 2017.

The options appraisal process scored the options against four criteria:

- Quality, outcomes and safety
- Sustainability of clinical workforce
- Access
- Efficiency and productivity

There were five main steps in the options appraisal process:



The Financial Oversight Group, which was made up of local finance experts, considered the efficiency and productivity criterion. The Clinical Expert panel, which brought together clinicians from outside Essex, and the Service User Panel considered the quality and outcomes, sustainability of workforce and access criteria.

In February 2017 we brought all of the information and feedback we had gathered in one place for consideration by a specially convened Options Appraisal Group. This group of over 40 people included patients, clinical leaders, and representatives from a range of organisations across Essex. Before the meeting, members of the group received:

- An evidence pack to help with scoring against each criterion
- The conclusions of the financial oversight group, clinical expert and service use panels
- A range of background and supporting material

All of the groups scored the five options against the agreed criteria using the same five point scale:

1. Strong evidence that the option would not achieve the desired result for the relevant criterion
2. Some evidence that the option would not achieve the desired result for the relevant criterion
3. The option would produce no predicted material change from the current model of care
4. Some evidence that the option would achieve the desired result for the relevant criterion
5. Strong evidence that the option would achieve the desired result for the relevant criterion

We then took all of the scores from the different groups and applied the weighting that had been agreed to produce an overall score for each option:

	Quality, outcomes & safety	Workforce	Access	Efficiency	Total
<i>Weighting</i>	35%	25%	22%	18%	
Option 1A	1.22	0.76	0.70	0.72	3.40
Option 1B	1.02	0.71	0.57	0.72	3.02
Option 1C	0.86	0.62	0.49	0.72	2.68
Option 2A	1.41	0.99	0.72	0.90	4.02
Option 2B	1.28	0.94	0.61	0.90	3.74

Our Programme Board discussed results of the options appraisal in detail, and in March 2017 decided that two options – 1A and 2A – should be further developed. Although option 1A had a lower score than option 2B, the Programme Board decided not to develop this option as:

- Initial estimates suggested that the amount of building work required to implement Option 2B it would be very expensive

- it was keen to see the highest ranking option from both models 1 and 2 developed in more detail, so that we could compare a 'red, amber amber' and a 'red, amber, yellow' model.

Further engagement to test the options (April to July 2017)

Following the options appraisal process, we discussed the results with local people, a wide range of clinicians and our local partners such as councils and Healthwatch. We also asked Healthwatch Essex, one of our local independent health watchdog bodies, to look in depth at public views.

During this engagement we heard that people understood the potential benefit that consolidating some services on a single site could bring, together with an appreciation that separating emergency and planned flows could help by, for example, reducing cancellations.

However, we also heard that many people were very worried about our proposals for changes to A&E departments, particularly the increased journey times some patients would experience. We heard that people were concerned that the ambulance trust may not be able to cope with the additional journeys, and that local GP and community services may not be well enough developed to cope with any additional pressure.

In July 2017, after listening to this feedback and considering how we could respond to it, we announced a change in our thinking based on the views of our local consultants.

Under this revised model, instead of going direct by ambulance to a specialist emergency centre (such as the 'red' hospital in our previous model), patients would instead be treated initially at their local A&E and then, if needed, transferred to a specialist service. Under this model, all three A&E departments will remain open 24/7, and continue to receive 'blue light' ambulances as now.

Reaching our final proposals (August to November 2017)

Since July, our clinical teams have been developing the detailed proposals that are now subject to public consultation. The proposals seek to:

- improve quality and outcomes for patients by consolidating a small number of services on one or two sites
- where possible separate emergency and elective services so that we can improve quality and reduce cancellations

The detailed proposals are set out in Section 5 of our consultation document.

4 Your care in the best place – estimated travel times and numbers of people affected

As part of the work to develop options for changes to hospital services, we have looked at how long it takes to get from one hospital to another by ambulance, car and public transport.

In addition, in developing the final proposals that we are now consulting on, we have estimated how many patients will be affected by proposed changes.

In this section, we set out more detail on both estimated travel times and the number of affected patients.

Travel times

We know that one of the things that worries people most about our proposed changes to hospital services is that they, or their family, may need to travel further as a result.

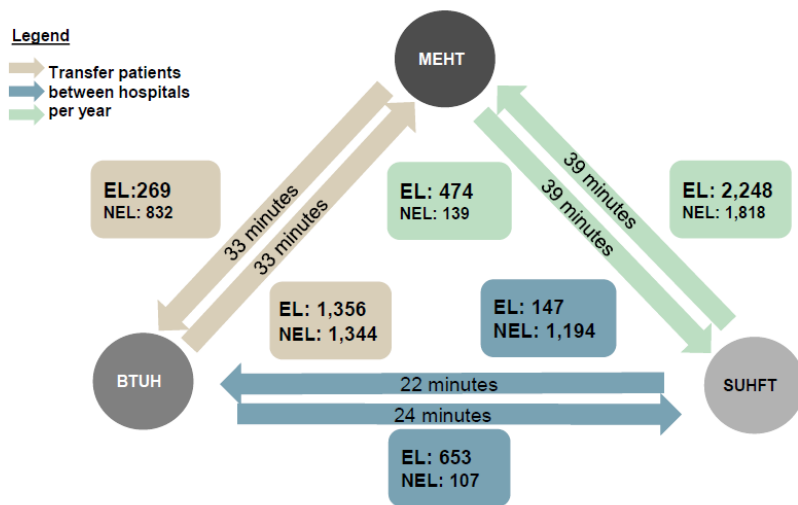
For a small number of people, a longer journey will be required in order to get to a specialist centre. We have set out in our main consultation document how we propose to help with travel, both by having a dedicated transfer service that will move patients from one site to another where this is agreed to be the best course of action, and by introducing a free bus service for use by patients, family and staff.

We have worked out how long we think it would take people to travel by car from one site to another. Journey times between sites take around 30 minutes by car and around an hour by public transport

For example, in an emergency as a result of the proposed changes, we estimate that the journey will take just under 15 minutes (assuming this is a 'blue light' transfer) from Southend to Basildon.

For people who are travelling for a planned procedure (in other words it is not an emergency). a patient who lives in the Basildon area who needs to travel to Southend for treatment will need to travel for an extra 12 minutes, on average.

We have modelled this using software developed by Google, and taken the average of four different departure times (0830, 1300, 1500 and 2100).



Total # patients transferred	Per Day	Per Week	Per year
Elective	14	99	5,147
Non - Elective	15	104	5,433

Source: Acute IP Model 4 September 2017

Sources: Google. Mid and south Essex. January 2016. STP. Footprint analysis pack Mid and south Essex: travel times without traffic. April 2016. Income as per STP normalised 2016/17 income. CCG income includes primary care and specialised commissioning allocations

Analysis shows that 99% of patients live within 45 minutes of the nearest hospital by car (86% within 60 minutes by public transport).

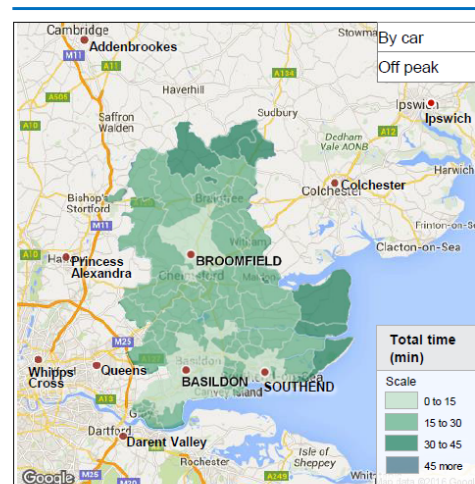
99% of population is within 45 minutes of nearest hospital, by car

	Catchment population	Avg. time (min)	% population within			Peak adj. (min)
			15m	30m	45m	
Basildon	470,688	16.0	45%	97%	100%	+ 0.8
Broomfield	326,323	20.2	20%	94%	100%	+ 1.0
Southend	247,683	13.6	66%	93%	99%	+ 1.1
Total	1,044,694	16.7	42%	95%	>99%	+ 0.9

86% of population is within 60 minutes of nearest hospital, by public transportation

	Catchment population	Avg. time (min)	% population within			Peak adj. (min)
			30m	45m	60m	
Basildon	262,261	36.9	39%	70%	95%	+ 0.2
Broomfield	300,780	50.2	11%	45%	74%	+ 3.2
Southend	336,520	35.2	57%	70%	88%	+ 3.3
Total	899,561	40.7	36%	61%	86%	+ 2.4

Average travel time (in min) to nearest hospital, by 4-digit postcode



Numbers of people affected

In developing our proposals for changing the way some hospital services are provided, we have estimated how many patients would be affected. As we set out in our consultation document, we think at an overall level about 29 patients per day (203 patients per week) will need to go to a different hospital to the one they would go to at present. This could either involve a transfer from one hospital to another (usually in an emergency) or in the case of a planned operation travelling directly there.

In the tables below we have broken this overall number of people likely to be affected down further. We have estimated:

- the number of patients that may need to move between each of the three hospitals
- the number of patients likely to be affected by condition
- which of these are likely to be emergencies, and which are planned operations

		Per week				
Emergency		Stroke				
Per week:		From				
		Basildon	Mid	Southend	total	
To	Basildon	-	3	4	6	
	Mid	-	-	-	-	
	Southend	-	-	-	-	
	total	-	3	4	6	
		6	-	3	-	4
Elective		Stroke				
Per week:		From				
		Basildon	Mid	Southend	total	
To	Basildon	-	-	-	-	
	Mid	-	-	-	-	
	Southend	-	-	-	-	
	total	-	-	-	-	
		-	-	-	-	
Emergency		Respiratory				
Per week:		From				
		Basildon	Mid	Southend	total	
To	Basildon	-	7	8	15	
	Mid	-	-	-	-	
	Southend	-	-	-	-	
	total	-	7	8	15	
		15	-	7	-	8
Elective		Respiratory				
Per week:		From				
		Basildon	Mid	Southend	total	
To	Basildon	-	1	0	1	
	Mid	-	-	-	-	
	Southend	-	-	-	-	
	total	-	1	0	1	
		1	-	1	-	0

Vascular						
Per week:						
		From				
		Basildon	Mid	Southend	total	
	Basildon	-	1	-	1	
To	Mid	-	-	-	-	
	Southend	-	1	-	1	
	total	-	2	-	2	
		1	-	2	1	-

Vascular							
Per week:							
		From					
		Basildon	Mid	Southend	total		
	Basildon	-	4	2	7		
To	Mid	-	-	-	-		
	Southend	-	-	-	-		
	total	-	4	2	7		
		7	-	4	-	2	-

Digestive System							
Per week:							
		From					
		Basildon	Mid	Southend	total		
	Basildon	-	-	-	-		
To	Mid	20	-	20	40		
	Southend	-	-	-	-		
	total	20	-	20	40		
		-	20	40	-	20	-

Digestive System							
Per week:							
		From					
		Basildon	Mid	Southend	total		
	Basildon	-	-	-	-		
To	Mid	8	-	13	21		
	Southend	-	-	-	-		
	total	8	-	13	21		
		-	8	21	-	13	-

Urology							
Per week:							
		From					
		Basildon	Mid	Southend	total		
	Basildon	-	0	0	0		
To	Mid	5	-	7	12		
	Southend	-	-	-	-		
	total	5	0	7	12		
		-	5	12	-	7	-

Urology							
Per week:							
		From					
		Basildon	Mid	Southend	total		
	Basildon	-	-	-	-		
To	Mid	9	-	19	28		
	Southend	-	-	-	-		
	total	9	-	19	28		
		-	9	28	-	19	-

Renal						
Per week:						
		From				
		Basildon	Mid	Southend	total	
	Basildon	-	2	2	5	
To	Mid	1	-	2	3	
	Southend	-	-	-	-	
	total	1	2	4	7	
		4	0	-	4	-

Renal							
Per week:							
		From					
		Basildon	Mid	Southend	total		
	Basildon	-	-	-	-		
To	Mid	0	-	1	2		
	Southend	-	-	-	-		
	total	0	-	1	2		
		-	0	2	-	1	-

Orthopaedic Trauma Procedures						
Per week:						
		From				
		Basildon	Mid	Southend	total	
	Basildon	-	-	6	6	
To	Mid	-	-	6	6	
	Southend	-	-	-	-	
	total	-	-	12	12	
		6	6	-	12	-

Orthopaedic Trauma Procedures							
Per week:							
		From					
		Basildon	Mid	Southend	total		
	Basildon	-	-	-	-		
To	Mid	9	-	11	19		
	Southend	5	-	-	5		
	total	14	-	11	24		
		-	14	19	-	6	-

Cardiac Procedures						
Per week:						
		From				
		Basildon	Mid	Southend	total	
To	Basildon	-	3	3	6	
	Mid	-	-	-	-	
	Southend	-	-	-	-	
	total	-	3	3	6	
		6	-	3	-	3

Cardiac Procedures						
Per week:						
		From				
		Basildon	Mid	Southend	total	
To	Basildon	-	0	0	0	
	Mid	-	-	-	-	
	Southend	-	-	-	-	
	total	-	0	0	0	
		0	-	0	-	0

Female Reproductive System Procedures						
Per week:						
		From				
		Basildon	Mid	Southend	total	
To	Basildon	-	-	-	-	
	Mid	-	-	-	-	
	Southend	2	2	-	4	
	total	2	2	-	4	
		-	2	-	2	4

Female Reproductive System Procedures						
Per week:						
		From				
		Basildon	Mid	Southend	total	
To	Basildon	-	-	-	-	
	Mid	-	-	-	-	
	Southend	8	9	-	17	
	total	8	9	-	17	
		-	8	-	9	17

Overall						
Per week:						
		From				
		Basildon	Mid	Southend	total	
To	Basildon	-	16	23	39	
	Mid	26	-	35	61	
	Southend	2	3	-	5	
	total	28	19	58	104	
		11	42	-	53	-

Overall						
Per week:						
		From				
		Basildon	Mid	Southend	total	
To	Basildon	-	5	3	8	
	Mid	26	-	43	69	
	Southend	13	9	-	22	
	total	39	14	46	99	
		-	31	55	-	24

NB: “-“ shows where there is no impact envisaged. “0” is where the impact is expected to be at most one patient every two weeks affected per fortnight (i.e. up to 0.5 patients per week). Note rounding of patient numbers.